

BREAKTHROUGH

JUNE 1986

HEMI-SYNC AND SURGERY

[Two accounts follow on the use of the "Emergency Treatment Series" Hemi-Sync tapes in surgery -- one is a personal account, the other from the point of view of the attending anesthesiologist.]

RESULTS OF EMERGENCY TREATMENT TAPES USED IN SPLENECTOMY

by
Nicola Gilbert

It was suggested to me that the Monroe Institute would be interested to hear of my experiences with your special emergency tapes for surgery. Prior to the operation (a splenectomy), I listened to the pre-op tape several times. I told the surgeon, anesthesiologists and other doctors associated with the operation at University of Virginia Hospital that I should like to be allowed to listen to the tapes in the O.R. and recovery room and asked for help. Initially, they were somewhat skeptical but when they saw the literature and realized that I was serious, their attitude became, "Well, it's your prerogative -- so long as it doesn't interfere with our work."

So, on the morning of the operation, I rode to the O.R. plugged into the earphones of a Sony Walkman listening to the natural sounds that I had started to find very comforting. Various people assisting were friendly and rather amused at the sight of this person being wheeled into surgery, apparently listening to music. When I had a chance, I told people that they were special tapes for surgery. They were all intrigued. Meanwhile, I felt happy and confident (the pre-op morphine probably helped, too).

I woke up in the recovery room listening to a tape. This reassured me that the staff had gone along with my wishes. I felt very well after the surgery and was sitting up in my bed the same afternoon -- quite alert. At one time I pulled myself into a squatting position to reach something at the end of the bed. While I was doing this, a nurse came in. She asked when I had had my operation and found it hard to believe that it had been that same morning.

I listened to the tapes over and over again in the hospital. To be transported mentally to a seashore or grassy field was such a wonderful release from the realities of limited mobility, discomfort, unpleasant procedures and confinement to a small area. Every sound and word took on a special therapeutic meaning. The tapes were also very useful at night when it was hard to sleep and there was nothing to keep one occupied. I would feel soothed and usually fell asleep. I also found the tapes helpful when I returned home -- they helped me rest and sleep.

The hospital staff was very impressed with the speed of my recovery and healing. I have told all my friends about these wonderful tapes and would unconditionally recommend them to anyone about to undergo a similar experience.

RESULTS OF EMERGENCY TREATMENT TAPES USED IN BACK SURGERY

by
Bob Roalfe, M.D.

I have recently reviewed the hospital records of Dr. Art Gladman. As you know, I administered his anesthetic for his second back surgery. When I made my pre-operative visit to him the evening before, he was using the Hemi-Sync tapes, and consequently we had a long discussion about them. I enthusiastically agreed to use them for him in the operating and recovery rooms. He told me that with his first back surgery, he had been very groggy and disoriented for several days. He also had to have a bladder catheterization for urinary retention. His recollection of the entire perioperative period was most unpleasant.

Because he wanted to use as little medication as possible, and because he seemed quite relaxed about the upcoming surgery (especially after our discussion), we agreed that I would not order any premedication for him. He arrived in the "holding area" calm and listening to his tape. I started his intravenous, and gave him a small amount of Valium (5 mg.) and Fentanyl (a short acting narcotic, 1 cc.) intravenously. He then came to the operating room where he was anesthetized and the surgery was uneventful. He required less than the usual amount of anesthesia, and lost minimal blood. He was then taken to the recovery room, and awakened immediately. He used the recovery tape, and required no pain medication. He was soon returned to his room. He required no post-operative pain medication during the remaining hospitalization, and was discharged on the fourth post-operative day.

By contrast, following his first back operation, he was medicated two times in the recovery room with 20 mgs. of Demerol (this is not really very much). However, after he returned to his room, he required more narcotic, and continued to need this for the next four days. The amounts of Demerol required on a daily basis were as follows: 75 mgs., 350 mgs., 150 mgs., 50 mgs., and 100 mgs. In addition, he received other milder pain medications. He had significant blood loss in surgery, and developed a post-operative hematoma (bleeding into the tissues) accompanied by a fever of several days' duration. He was not discharged until the ninth post-operative day.

Unfortunately, one patient does not constitute a "controlled study." Also, it is not necessarily valid to compare the two experiences, as there may well have been other variables. However, the patient and surgeon were the same, the operations were similar and for the same problem, and the basic anesthetic techniques and agents were the same. The first operation

took thirty minutes longer -- which may or may not be of significance. Furthermore, even on a non-comparative basis, Art's entire perioperative course the second time was exemplary.

I was sufficiently impressed that I have begun using the tapes for the majority of my patients whenever feasible. My feeling is that the tapes are of significant help in many, if not most cases. I am currently in the process of setting up a protocol for a "controlled study" in my department, with the help of my colleagues. I hope to have some clear results in a few months.

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DISCOVERING THE SHADOW

by

Robert Tollaksen, M.A.

The use of Robert Monroe's *DISCOVERY* tapes in a Pain/Stress Reduction Clinic provides a gentle self-governing method for the release of the dark side or shadow. Set in a community hospital (Memorial Hospital, St. Joseph, MI), clients are self and physician referred for a wide variety of stress related disorders, ranging from headaches to cancer.

When I opened this biofeedback program seven years ago, I was warned not to mention yoga or meditation. I kept one volume of *DISCOVERY* on my book shelf for four years until I introduced it to my clients. Now I have 25 volumes in use and am pleased to report on its value as a facilitator of transformation -- particularly as it relates to the shadow.

My model of the shadow has its roots in C.G. Jung and Ken Wilber. The ego level is on an upward evolutionary path, half-way between the primal Garden of Eden and the Omega point or self-realization. The ego is the persona or mask we wear in ordinary consciousness. The shadow is the opposite polarity of the ego --the text we secretly write, a text whose authority we refuse to admit. On the horizontal dimension are the opposite polarities of holding on and releasing. Disconnection from the shadow as is typical in our culture results in two-dimensional figures -- bland on the one extreme and horrific on the other. The *DISCOVERY* tapes for those psychologically ready facilitates access to those secret texts and undeveloped creativities, providing an option to consciously choose one's behavior and values.

The horizontal dimension of holding on and releasing is facilitated by *DISCOVERY* tape #4, "Release and Recharge," where much of the conscious fears and conflicts are dealt with -- clearing the way for movement to a higher level of organization, of increased complexity, propelled by the reconnection with one's opposite polarity.

Integrating these shadow contents may involve a variety of techniques, from imaging to role play and affirmations. Sometimes a person will become stuck while listening to a tape and be unable to continue... by

walking through that tape with the client while listening to speakers (vs. earphones) and picking up the images and feelings at the block, a reconnection with the shadow is usually made. Biofeedback monitoring adds a unique dimension of marking that point as well as measuring the resolution.

(A) A 32-year-old woman with panic attacks for 3 years was blocking on tape #2 of *DISCOVERY* ("Intro Focus 10"). By active imagining, she apparently regressed to the Mt. Vesuvius eruption where she suffocated to death. The next session she reacted to Bob's countdown and would panic at "10"...she was "floating," and the fear was of leaving her body. Four months later (10/85) she experienced another "peeling away of the onion." Preset by competition in her aerobics class, exacerbated by the rock/disco beat, a panic attack was triggered by entering the expressway ramp on her way home. Asked when she felt that way before, she remembered driving with her mother when her mother suffered a similar attack with some heart involvement. Continuing with the image recall, she spoke of being born two months premature, and her C-section birth with the umbilical cord wrapped around her neck.

(B) A 56-year-old man with a failed double bypass and severe chest pains was the first client introduced to *DISCOVERY* (10/82). We've gone through considerations of homosexuality to violent dreams (which no longer have "deadly twists towards the end"). He's been inactive with the tapes for awhile. Now, after some encouragement, he is ready to move on to the second album, *THRESHOLD*.

(C) A 51-year-old man with tension headaches backed off *DISCOVERY*. Apparently, it was taking him deeper than he wanted to go at the present. He was an eye witness to the killing of over 100 people by a buzz bomb in WWII London. At age 27, he underwent electro-shock therapy. I switched him to the Free Flow tapes. The shadow that emerged for him was his silent resentment of "friends" who were smoking in his house. His "nice guy" image which had brought him millions in industry was not working for him at home where he had lost control.

DISCOVERY is a powerful tool in healing the split between mind and body, between ego and shadow. It's not for everyone -- but when used with gentleness, humor and thought, it can accelerate the healing process.

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THE FOURTH ANNUAL PROFESSIONAL SEMINAR

From August 10th through 14th, professionals and other interested individuals will gather here in Virginia at the Institute to share their research and ideas for using Hemi-Sync with patients, clients and students. The seminar is also open to those who simply desire to gain knowledge on how they might use Hemi-Sync in their profession. The presentations scheduled are as follows on the next page.

Music and Hemi-Sync: Impact on Learning
Suzanne E. Morris, Ph.D. - Speech-Language Pathologist

The power of music to guide learning and healing has been recognized since the beginning of history. The impact of sound on the human body and mind is gaining wider acceptance and understanding in our 20th century. The role which music can play as part of the learning environment will be explored in depth during this seminar presentation. The potential value of Hemi-Sync signals within the musical selection will be emphasized. Information from preliminary studies in the use of Hemi-Sync music in adult continuing-education programs and in the rehabilitation of children with developmental disabilities will be presented.

High Tech Vision Quest: Similarities of Gateway Programs of Native Americans and TMI Gateway Programs
Ann "Morning Dove" Martin, M.A. - Gateway/Guidelines Trainer

Invited to study the secret teachings of the native Americans with a Metis Cherokee Medicine Chief, Ann has found many remarkable similarities between the Sweet Medicine Sundance Teaching Gateway Program and The Monroe Institute Gateway Voyage Program which she will be presenting to the group.

Channeling Medical Information: Interface Between Two Dimensions
Al Dahlberg, Ph.D., M.D. - Prof. Medical Science, Brown Univ.
Theresa Pope "Winter", M.A. Psychologist, Trainer, Psychic

Dr. Dahlberg and Winter will discuss different medical cases they have worked on together with people all over the world. Al presents the medical cases to Winter and she channels information about the medical condition (reaching through traditional and unorthodox therapies).

Introducing Hemi-Sync to Health Care Practitioners
Ron Brill, Ph.D. - Clinical Psychologist

Ron will share some of the techniques he has successfully used in implementing Hemi-Sync technology with health care practitioners for relaxation, stress management and personal growth and development.

Integration of Hemi-Sync into a Diversified Health Clinic
Edward Lasko, Biofeedback Therapist & Registered Certified Hypnotherapist

This presentation will cover a combination of Hemi-Sync, biofeedback and hypnosis as used in a medical setting to provide individuals a non-traditional approach to pain control and dealing with emotional and physical problems.

Practical Application of Hemi-Sync in Regressive Therapy
or
Repress It Or Regress It
Dan Clausing - Hypnotherapist

In his session, Dan will discuss his experiences with hypnosis and the general misconceptions about this technique. He will talk about the nature of belief systems as they relate to the effectiveness of regression therapy. After relating some of his experiences with clients, he will conduct a group regression for those who are interested.

Biofeedback: What and Why
Karen Malik - Director of Biofeedback Program, Gateway Trainer

Karen will give a general presentation on biofeedback and what it is, why it works, and its uses and benefits. She will be commenting on her general thoughts and projections on the use of Hemi-Sync and biofeedback. A demonstration on biofeedback will follow.

Making the Connection: Business - Consciousness
James Jones, M.A., Organizational Consultant, Trainer

Application of Hemi-Sync in a business environment to make it more effective, translation of Hemi-Sync technology into management terms and generation of internal support will be discussed in this presentation.

In addition to the presentations, participants in the Professional seminar will experience Hemi-Sync tapes, take part in group discussions and workshops, and have time for social and leisure activities. The seminar fee is \$350 which includes room and board. On a non-residential basis, the fee is \$35 per day which includes meals. For more information contact Jean Wallis at the Monroe Institute, (804)-361-1252.

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